

# Request to Renew Mandatory Pre-screening Agent Designation

Email to: [MPA.Info@tn.gov](mailto:MPA.Info@tn.gov) or fax to: TDMH-Crisis Services at (615) 253-6822

*Please Print*

Name (as listed on your license): \_\_\_\_\_

Credentials: \_\_\_\_\_

License Number: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

Agency (if applicable): \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_

Business E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Home E-mail: \_\_\_\_\_

Are you employed by a TDMH designated Crisis Response Service? ☐ Yes ☐ No

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**Responsibilities of a Mandatory Pre-screening Agent [from the Rule for Community-Based Screening Process for  
Emergency Involuntary Admissions, Chapter 0940-3-8]:**

- Have access to current information about available community resources and referral procedures to access less restrictive alternatives to hospitalization.
- Assess availability of alternative services and provide follow-up services when a service recipient is evaluated and does not meet admission criteria.
- Determine, if possible, whether the service recipient has a durable power of attorney for health care or a declaration for mental health treatment and comply to the extent possible.
- Determine and document level of security and mode of transportation to the admitting hospital for service recipients eligible for emergency involuntary admission.
- Comply with county protocol(s) for designated modes of transportation.
- Determine, if possible, whether the service recipient is under a mandatory outpatient treatment obligation from an inpatient provider.

With my signature, I acknowledge that I am capable of completing the above tasks when functioning as a mandatory pre-screening agent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Refresher Training Completed: \_\_\_\_\_